

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2277

BIRTH NO. 1243595-51 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 23

0941

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE	
b. CITY OR TOWN BONNETERRE		c. CITY OR TOWN WEINGARTEN 0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNETERRE HOSPITAL		d. STREET ADDRESS ✓	

3. NAME OF DECEASED (Type or Print) BABY TERRY LEE MOON			4. DATE OF DEATH (Month) (Day) (Year) JAN 17, 1951		
a. (First)	b. (Middle)		c. (Last)	Month	Day

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 17, 1951	9. AGE (In years last birthday) 0	if UNDER 1 YEAR Months 0 Days 0	if UNDER 28 DAYS Days 0 Hours 0 Min. 0
--------------------	-------------------------------	---	--------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) BONNETERRE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	--	--	---

13a. FATHER'S NAME DELBERT MOON	13b. MOTHER'S MAIDEN NAME VESTA LEE GORE	14. NAME OF HUSBAND OR WIFE NONE
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME DELBERT MOON	ADDRESS WEINGARTEN MO
---	-------------------------------------	---	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CAUSATION DIRECTLY LEADING TO DEATH* (a) Prematurity 24 weeks.		INTERVAL BETWEEN ONSET AND DEATH 2 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hydrocephalus		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			9735

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 1-17, 1951, to 1-17, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Geo. L. Ketchum, M.D.	23b. ADDRESS Weingarten Mo.	23c. DATE SIGNED 1-18-51
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY ADAMS	24d. LOCATION (City, town, or county) (State) FRANK CAY MO.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 19, 1951	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Phillips	ADDRESS Bonnetterre Mo.
---	---	---	--------------------------------

File No.

DISTRICT HEALTH OFFICE No. 4

JAN 22 1951

RECEIVED

Dr. Watkins

STATEMENT BY LICENSED EMBALMER

No Embalming Done

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.